

HIV RESULT 12 MONS CURRENT

TO RPT NTL DATE _____

DT TESTED _____

(SIGNATURE) _____

TRANSFER INFORMATION SHEET

TO:					DATE:		
RANK/RATE		NAME (LAST, FIRST, MI)				SSN:	
ULTIMATE ASSIGNMENT				TEMDU ENROUTE AND PURPOSE			
TRF AUTH	TRF MO	RPT NLT	RECOMMENDED TRF DATE	LV AUTH DAYS	DAY TRAVEL TIME POV _____ AIR _____	DAY PROCEED	REQ OBLISERV
SPECIAL REQUIREMENTS TO BE MET PRIOR TO TRANSFER <ul style="list-style-type: none"> • COMPLETE HIV AND OTHER NECESSARY SCREENINGS (SEE DUTY, OVERSEAS, INSTRUCTOR'S) • OBLIGATE SERVICE - REENLIST: [YES] [NO] EXTEND: [YES] [NO] (Please circle one) EAOS _____ • REFER TO BUPERS ORDERS FOR MORE INSTRUCTIONS INFORMATION. 							

SECTION A TO BE COMPLETED BY INDIVIDUAL BEING TRANSFERRED							
DESIRED TRF DATE		DATES LV DESIRED		COMPLETE LEAVE ADDRESS WHERE MESSAGES CAN BE RECEIVED			
TELEPHONE NUMBER ()		METHOD OF TRAVEL		LICENCE NUMBER AND STATE OF REGISTRY OF POV		WORKCENTER TELEPHONE NUMBER	
WILL HOUSEHOLD GOODS BE MOVED AT GOVERNMENT EXPENSE?			YES	NO	DO YOU DESIRE A SPONSOR BE ASSIGNED TO ASSIST YOU AT YOUR NEW DUTY STATION		YES
WILL YOUR FAMILY MEMBERS ACCOMPANY YOU ON TRANSFER:					DO YOU DESIRE COPIES OF YOUR ORDERS PRIOR TO TRANSFERS? NO. OF COPIES _____ DATE: _____		
TO BE ELIGIBLE FOR ADVPAY/TRAVEL, REFER TO SECNAVINST 4650.19							
PRIMARY NEXT-OF-KIN				SECONDARY NEXT-OF-KIN			
NAME: ADDRESS:				NAME: ADDRESS:			
TELEPHONE: ()				TELEPHONE: ()			

SECTION B ACTION/INFO FOR DIVISION OFFICER	
<input type="checkbox"/> Is Disciplinary action pending? ____ If yes, is CANX of orders required? [Yes] [No]	<input type="checkbox"/> The individual requires the submission of a request for a security clearance prior to transfer.
<input type="checkbox"/> Enlisted performance evaluation I required. Forward completed evaluation to PSD at least three working days prior to transfer.	<input type="checkbox"/> Since individual is ordered overseas duty he/she (and family members, if applicable) must be interviewed to determine his/her fitness as a suitable representative of the U.S. in a foreign country. Complete the attached form and return to PSD within 30 days of notification.
<input type="checkbox"/> Inform individual that checking out procedures will be carried out on the last working day prior to transfer unless that day is pay day in which case he/she can check out a day earlier.	<input type="checkbox"/> Passports are required for member and his/her family member. Direct member to report to PSD Travel Section. Six weeks is required to process passports.
<input type="checkbox"/> The individual's financial status has been reviewed. He/she has been counseled on the pitfalls of drawing ADVPAY. ADVPAY for months requested [is] [is not] recommended.	<input type="checkbox"/> Required portcall date: _____
<input type="checkbox"/> Inform individual that once transfer date is determined he/she is requested, except for emergency reasons, not to ask for a change of this date as orders and records will be processed upon return of this form to PSD.	<input type="checkbox"/> Forward risk factor screening/test results forms (OPNAV 6110/2) to PSD three days prior to transfer date.
<input type="checkbox"/> HIV test required within six months of transfer date.	<input type="checkbox"/> Command certification of positive/negative urinalysis 45 days prior to transfer date.
<input type="checkbox"/> This transfer will be handled by LORNA OLAES Contact this person if you have any questions or need further information at phone DSN 949-4014	<input type="checkbox"/> Forward Dependent Care Certificate (OPNAV 1740/1 to PSD three days prior to transfer date.
	<input type="checkbox"/> Please return this form to PSD no later than _____.

SECTION C COMMAND ENDORSEMENT			DATE
Approved TRF Date	Advance Pay Approved ____ YES ____ NO	Advance Pay Repayment ____ 12 mos. ____ 24 mos. Supplemental Chit signed by CO is required.	Signature (transferee)
DIV. Officer Signature/Date		DEPT Head Signature/Date	PASS Liaison Signature/Date